

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/11/2012	
NAME OF PROVIDER OR SUPPLIER  ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
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F000000	<p>This visit was for the Investigation of Complaint number IN00120027.</p> <p>Complaint number IN00120027 Substantiated. Federal / State deficiencies related to the allegations are cited at F157, and F282.</p> <p>Survey dates: December 10, and 11, 2012</p> <p>Facility number: 000556 Provider number: 155747 AIM number: 100290130</p> <p>Survey Team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF/NF: 120 Total: 120</p> <p>Census payor type: Medicare: 17 Medicaid: 64 Other: 39 Total: 120</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to ensure the physician and family were notified of changes to a wound for 1 of 3 residents reviewed for family and physician notification in a</p>	F000157	<p><b>F157</b> It is the policy of this provider to immediately inform the resident, consult with the resident's physician, and notify the resident's legal</p>	12/12/2012			

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	<p>sample of 3. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 12-11-12 at 10:08 AM. Resident N's diagnoses included but were not limited to: Chronic airway obstruction, diabetes, and edema.</p> <p>In an interview on 12-10-2012 at 7:20 PM, Resident #N indicated the staff had told her leg wound was improving, but did not tell her it had been getting worse until November.</p> <p>A review of the nurse's noted dated 10-12-2012 indicated Resident #N had a wound located on the right leg. The wound measured 1.7 x 1.5. The note did not indicate depth of the wound. The note further indicated the wound edges were well approximated and there were no sign or symptoms of infection.</p> <p>Nurse's notes on 10-17-2012 indicated the wound measurements were now 1.6 x 1.5 with yellow drainage. There was no note of physician, resident or resident representative notification. The note did not indicate unit of measurement or depth of the wound.</p> <p>A note on 10-22-2012 indicated the area</p>		<p>representative of a significant change in the resident's condition. The provider respectfully requests IDR of this alleged deficiency. Paper compliance is requested. <u>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident #N's physician was notified of the change in the appearance of the stasis ulcer by his visit as evidenced by his order written for Keflex, an antibiotic and subsequent referral to an external wound clinic for continued treatment of the non-healing stasis ulcer. The resident no longer resides in the facility. <u>2. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action will be taken:</u> Other residents with the propensity to be affected by the alleged deficient practice were identified as those with non-healing stasis ulcers. 3 were so identified. Each is seen by an external wound clinic (physician) to wit, no action is necessary by the facility – the wound clinic contacts physician, family and resident. <u>3. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</u> The weekly Resident Care Committee will review 3 charts of residents with</p>				

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	<p>was now 1.7 x 1.4 with a small amount of yellow drainage. There was no indication the physician, resident, or resident representative had been notified. The note did not indicate depth of the wound.</p> <p>A note on 10-27-2012 indicated the area was now 1.8 x 1.5 x less than 0.1 The note did not indicate unit of measurement. There was no indication the physician, resident, or resident representative had been notified.</p> <p>The wound had been measured 11-11-12 when the notes indicated the wound was now 1.3 x 1.9 and tender to touch. There was no indication the physician, resident, or resident representative had been notified.</p> <p>A physician's progress note dated 11-14-2012 indicated the physician had observed the area to be larger in size and redness. The physician ordered Keflex (an antibiotic) to be started.</p> <p>A review of wound/skin care management documentation revealed measurements every 5 days until 9-17-2012. The facility was unable to supply further documentation until 11-1-2012. There was no indication of physician, resident or resident representative notification on the forms.</p>		<p>stasis ulcers randomly selected to assess if a patient has a change in stasis ulcer condition and physician notification has occurred within a professional standard parameter. If it does not, corrective in-servicing will occur. A summary of these findings will be forwarded to the PI/QA&amp;A Committee for review, monthly for 3 months. <u>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place:</u> The PI/QA&amp;A Committee will review the summary from above and make recommendations based on the summaries for continued monitoring going forward past 3 months. <u>5. Completion date:</u> 12/12/12</p>				

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	<p>In an interview on 12-11-12 at 11:20 AM, LPN #1 indicated Resident #N was notified about most of her care because she was alert and oriented, and the family was notified either by her or by the facility at Resident #N's request. She further indicated the physician should have been called when the area changed and immediately when it began draining.</p> <p>In an interview on 12-11-2012 at 1:32 PM, the Director of Nursing indicated the facility policy gave them 14 days after the change in a wound measurement to notify the physician.</p> <p>This Federal tag relates to complaint number IN00120027.</p> <p>3.1-5(a)(3)</p>						

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review the facility failed to notify the physician as outlined on the care plan for 1 of 3 residents reviewed for physician notification according to the care plan in a sample of 3.</p> <p>Findings include :</p> <p>Resident #N's record was reviewed 12-11-12 at 10:08 AM. Resident N's diagnoses included but were not limited to: Chronic airway obstruction, diabetes, and edema.</p> <p>A review of the nurse's noted dated 10-12-2012 indicated Resident #N had a wound located on the right leg. The wound measured 1.7 x 1.5. The note did not indicate depth of the wound. The note further indicated the wound edges were well approximated and there were no sign or symptoms of infection.</p> <p>Nurse's notes on 10-17-2012 indicated the wound measurements were now 1.6 x 1.5 with yellow drainage. There was no note of physician, resident or resident</p>		F000282	<p>It is the policy of this provider to immediately notify/consult with the resident's physician as outlined in the care plan. The provider respectfully requests IDR of this alleged deficiency. Paper compliance is requested. <u>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident #N's physician was notified of the change in the appearance of the stasis ulcer by his visit as evidenced by his order written for Keflex, an antibiotic and subsequent referral to an external wound clinic for continued treatment of the non-healing stasis ulcer. <u>2. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action will be taken:</u> Other residents with the propensity to be affected by the alleged deficient practice were identified as those with non-healing stasis ulcers. 3 were so identified. Each is seen by an external wound clinic (physician provider) to wit, no action is necessary by the facility – the wound clinic contacts physician, family and resident. <u>3. What</u></p>		12/12/2012	

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	<p>representative notification. The note did not indicate depth of the wound.</p> <p>A note on 10-22-2012 indicated the area was now 1.7 x 1.4 with a small amount of yellow drainage. There was no indication the physician, resident, or resident representative had been notified. The note did not indicate depth of the wound.</p> <p>A note on 10-27-2012 indicated the area was now 1.8 x 1.5 x less than 0.1 The note did not indicate unit of measurement. There was no indication the physician, resident, or resident representative had been notified.</p> <p>The wound had been measured 11-11-12 when the notes indicated the wound was now 1.3 x 1.9 and tender to touch. There was no indication the physician, resident, or resident representative had been notified.</p> <p>A physician's progress note dated 11-14-2012 indicated the physician had observed the area to be larger in size and redness. The physician ordered Keflex (an antibiotic) to be started.</p> <p>A review of wound/skin care management documentation revealed measurements every 5 days until 9-17-2012. The facility was unable to supply further</p>		<p><u>measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</u></p> <p>The weekly Resident Care Committee will review 3 charts or residents with stasis ulcers randomly selected to assess if a patient has a change in stasis ulcer condition and physician notification has occurred within a professional standard parameter. If it does not, corrective in-servicing will occur. A summary of these findings will be forwarded to the PI/QA&amp;A Committee for review, for 3 months. <u>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place:</u></p> <p>The PI/QA&amp;A Committee will review the summary from above and make recommendations based on the summaries for continued monitoring going forward past 3 months. <u>5. Completion date:</u> 12/12/12</p>				



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	<p>documentation until 11-1-2012. There was no indication of physician, resident or resident representative notification on the forms.</p> <p>A care plan dated 3-15-2012 titled right calf abrasion indicated to observe for signs of healing, If the area was not showing improvement or signs of healing with in 14 days, notify the physician. for potential need of treatment change.</p> <p>In an interview on 12-11-12 at 11:20 AM, LPN #1 indicated Resident #N was notified about most of her care because she was alert and oriented, and the family was notified either by her or by the facility at Resident #N's request. She further indicated the physician should have been called as the care plan indicated and when the area changed and immediately when it began draining.</p> <p>In an interview on 12-11-2012 at 1:32 PM, the Director of Nursing indicated the facility policy gave them 14 days after the change in a wound measurement to notify the physician.</p> <p>This Federal tag relates to complaint number IN00120027.</p>						

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